HRCS
UKCRC Health Research Classification System

UK CLINICAL RESEARCH COLLABORATION
igniting our potential

Health Research Classification System

Common Mistakes

1. Allocating too many codes and unequal percentages

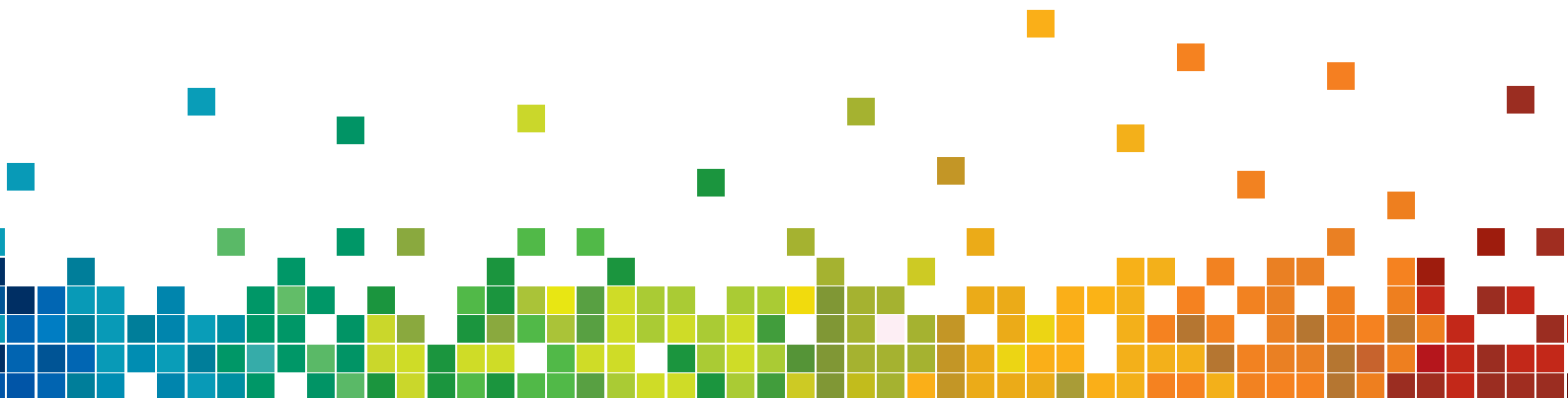
Advice:	Unless there are very specific indications otherwise, you should apportion the percentages equally and allocate the minimum number of codes (maximum of two Research Activity Codes and 5 Health Categories).

Remember: *there are simple rules to follow in order to enable the process to be repeated reliably by different coders*

2. Falling for an investigator's "sales pitch"

Advice:	Read the award abstract sceptically to find the main aim to be addressed during the lifetime of the award and ignore areas listed as 'being relevant' to the study. Often you can ignore the first paragraph about the past e.g. ▪ "X is implicated in disorders of Y" ▪ "X has been linked to Y". Similarly the last paragraph about the future can be a distraction: ▪ "it is hoped that X will also lead to novel therapeutic opportunities in Z" ▪ "X could subsequently inform the development of Z"

Remember: *the coding should be based on the main aim and the work to be undertaken during the lifetime of the award*



3. Assigning Health Categories to reflect all pathogenic components or symptoms

Advice: code for the main disease being studied and consult the specific inclusion/exclusion criteria listed on the website
Some example pitfalls are:

- Asthma involves a disordered immune response but it is classified in *Respiratory* not in *Inflammatory and Immune System*
- Dementias involve disorders of mental health functioning but they are classified in *Neurological* not in *Mental Health*
- BSE is believed to involve an infectious agent but it is classified in *Neurological* not *Infection*

Remember: *choose the Health Category associated with the purpose of the investigation or the overarching main disease*

4. Basing the choice of Health Category solely on the organs affected by the disease

Advice: code for the main disease being studied and consult the specific inclusion/exclusion criteria listed on the website
Some example pitfalls are:

- Studies of lung cancer are not classified as *Respiratory* but as *Cancer*
- Studies of respiratory tract infections are not classified in *Respiratory* but in *Infection*

Remember: *look at the definition of the Health Category and the specific inclusion/exclusion criteria listed on the website*

5. Using the "*Other*" category as a dumping ground when you are not sure how to classify a study

Advice: The *Other* category should be used **infrequently** and in very specific circumstances for certain areas which are difficult to classify (e.g Gulf War Syndrome, some studies of social services).

Remember: *If a study has wide relevance to many health areas (more than 5) then the Generic Health Relevance category is the one to consider assigning.*

6. Automatically putting all inherited disorders in the "*Congenital Disorders*" category

Advice: The *Congenital Disorders* category covers physical abnormalities and congenital syndromes that are associated with **multiple** diseases and conditions e.g. cystic fibrosis. It excludes single disease disorders even when referred to as "congenital" e.g. a study of "congenital heart defects" present at birth should be coded as *Cardiovascular*

Remember: *not all syndromes go in* Congenital Disorders

7. Avoiding the "*1 Underpinning*" code group if a study looks at pain, immune responses, pregnancy or ageing

Advice: The *1 Underpinning* code group is broad. In the original UK Health Research Analysis (2006) it accounted for more than 1/3 of all funding. It covers studies in biology, psychology, economics, social science and chemistry. It also covers all studies of normal function, including pain, immune responses, pregnancy and ageing.

Remember: *Pain, immune responses, pregnancy and ageing are considered to be normal.*

8. Using the "*3 Prevention*" code group for studies of the reoccurrence of a disease

Advice: A study can describe itself as **preventive** but it may be focused on preventing the **reoccurrence** of an existing condition (secondary prevention). This is considered to be an extension of therapy and will usually be classified in the *6 Treatment Evaluation* code group e.g. use of aspirin to prevent further adverse cardiovascular events or stroke in cardiovascular patients

Remember: *The 3 Prevention code group is about the primary prevention of disease in healthy people.*

9. Automatically putting trials into the "*6 Treatment Evaluation*" code group

Advice: The *6 Treatment Evaluation* code group covers all studies of therapeutic interventions in humans, often involving a clinical trial. But it does not include all trials in humans as there can be clinical trials testing the effects of preventive interventions, diagnostic devices and health services.

Remember: *The 6 Treatment Evaluation code group does not include all trials in humans.*

For further information see: http://www.hrcsonline.net/